

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(505) 393-6161 Fax:(505) 393-0720

District II  
1301 W. Grand Ave., Artesia, NM 88210  
Phone:(505) 748-1283 Fax:(505) 748-9720

District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources

Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Permit 122110

WELL API NUMBER  
30-015-35913

5. Indicate Type of Lease  
S

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
TEX-MACK

8. Well Number  
201

9. OGRID Number  
229137

10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: O

2. Name of Operator  
COG OPERATING LLC

3. Address of Operator  
550 W TEXAS, SUITE 1300, MIDLAND, TX 79701

4. Well Location  
Unit Letter O : 970 feet from the S line and 2280 feet from the E line  
Section 2 Township 17S Range 31E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)  
3978 GR

Pit or Below-grade Tank Application  or Closure

Pit Type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE OF PLANS   
PULL OR ALTER CASING  MULTIPLE COMPL   
Other: \_\_\_\_\_

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTER CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDON   
CASING/CEMENT JOB   
Other: **Drilling/Cement**

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  
10/09/10 Sp 17-1/2 @ 10:00pm. 10/11/10 TD 17-1/2 @ 696. Ran 15jts 13-3/8 H40 48# @ 696. Cmt w/25sx C 1st lead, 75sx C 2nd lead, 500sx C tail. PD@7:30pm. Circ 142sx. WOC 18hrs. Test csg to 500# for 30min,ok. 10/13/10 TD 11 @ 1800. Ran 40jts 8-5/8 J55 32# @ 1800. Cmt w/400sx C, 200sx C. PD@6:30pm. Circ 169sx. WOC 18hrs. Test csg to 1000# for 30min,ok. 10/18/10 TD 7-7/8 @ 6725. 10/19/10 Ran 160jts 5-1/2 J55 17# @ 6715. Cmt w/850sx C, 400sx C. PD@8:30pm. Circ 70sx. WOC 24hrs. Will test csg to 3500# for 30min on completion rig. 10/20/10 RR. 10/9/2010 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
10/11/10	Surf		17.5	13.375	48	H40	0	696	600		C				Y
10/13/10	Int1		11	8.625	32	J55	0	1800	600		C				Y
10/19/10	Prod		7.875	5.5	17	J55	0	6715	1250		C				Y

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Electronically Signed \_\_\_\_\_ TITLE Regulatory Analyst \_\_\_\_\_ DATE 10/22/2010

Type or print name Diane Kuykendall \_\_\_\_\_ E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:

APPROVED BY: Randy Dade \_\_\_\_\_ TITLE District Supervisor \_\_\_\_\_ DATE 10/25/2010 12:20:45 PM